



Docket No. 688-280

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : DiPalma  
Serial No. : 10/083,760  
Filed: : February 26, 2002  
For : **BLADE COVER FOR CUTTING DEVICE**

**CERTIFICATE OF MAILING**

Mail Stop Non-Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

JUN 17 2004

TECHNOLOGY CENTER 3700

Sir:

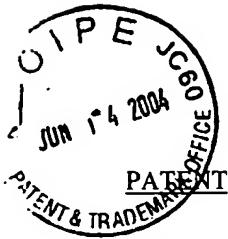
I hereby certify that the attached Amendment, Amendment Transmittal, and Return Postcard along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Respectfully submitted,  
SOFER & HAROUN, L.L.P.

By: *Sandria Cirillo*  
Sandria Cirillo

Date: 6/9/04

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3724  
41Docket No. 688-280IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : DiPalma  
Serial No. : 10/083,760  
Filed : February 26, 2002  
For : BLADE COVER FOR CUTTING DEVICE

Group Art Unit: 3724  
Examiner: B. Ashley

AMENDMENT FEE TRANSMITTAL

Mail Stop Non-Fee Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

No additional fee is required.  
 The additional fee has been calculated as shown below:

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CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	7	-	20 =0	x 9	\$ .00
Independent Claims	1	-	3 =0	x 42	\$ 0
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)				\$ _____
				Total:	\$ .00
<input type="checkbox"/>	Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith.			\$ _____	

Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

Charge \$.00 fee to Deposit Account No. 19-2825 . Order No. \_\_  
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 19-2825. Order No. 688-280 .  
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

\_\_\_\_ Page(s) of substitute Sequence Listing

\_\_\_\_ Computer disk(s) containing substitute Sequence Listing

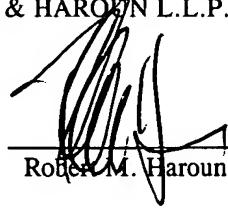
Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.

A check in the amount of \$.00 to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

By:

  
Robert M. Haroun

Registration No. 34,345

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